



## State of New Jersey

DEPARTMENT OF HUMAN SERVICES  
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

CHRISTINE TODD WHITMAN  
Governor

WILLIAM WALDMAN  
Commissioner

MEDICAID COMMUNICATION NO. 95-18

DATE: November 13, 1995  
VELVET G. MILLER  
Director

TO: County Welfare Agency Directors

SUBJECT: Medically Needy Long-Term Care Indicator

In order to facilitate the identification of Medically Needy recipients who reside in nursing facilities (NFs), a long-term care code (LTC CDE) has been added to the Medically Needy eligibility file. The new code will appear on Screen Option 37 (sample attached).

Initially, the indicator will be used to ensure that pharmacy-related actions can be appropriately addressed. As you know, under the Medically Needy program, pharmacy coverage is not available to aged, blind, and disabled individuals who reside in the community, however, it is available to individuals who reside in nursing facilities. Similarly, the Pharmaceutical Assistance to the Aged and Disabled (PAAD) program may be available to individuals who do not receive prescription coverage under Medically Needy, however, it is not available to those individuals who receive Medically Needy prescription coverage in a nursing facility.

Accordingly, in order to distinguish one group from the other, we are asking you to instruct your staff to code the new indicator for current and prospective Medically Needy LTC recipients. The values are as follows:

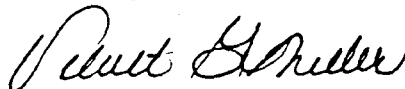
- Y - Currently residing in a nursing facility
- N - Never resided in a NF under this Medicaid identification number
- P - Previously resided in a NF under this Medicaid identification number

The Medically Needy Recipient Eligibility Form (MN-RECIP), which is used for coding input to the Medically Needy eligibility file, is being revised to accommodate the new data field. Until that revision is available, the field name may be manually entered on the current form (sample attached).

Additionally, it has come to our attention that Program Status Code errors are occurring in Medically Needy LTC cases. As a result, nursing facility claims are being denied by the Division's fiscal agent. All Medically Needy-eligible individuals in nursing facilities are considered spenddown cases and should be coded accordingly, i.e., Program Status Codes 180, 280, 350, 370, and 580 only. Please ensure that no other Medically Needy Program Status Code is entered on any case or the corresponding claims will not be paid.

Thank you for your anticipated cooperation in this initiative. Questions concerning this communication should be referred to field staff assigned to your county.

Sincerely,

A handwritten signature in cursive script, appearing to read "Velvet G. Miller".

Velvet G. Miller  
Director

VGM:Pp  
Attachments

c Karen Highsmith, Acting Director  
Division of Family Development

Patricia Balasco-Barr, Director  
Division of Youth and Family Services

ELIN  
08MK  
400Z

STATE OF N. J. - MEDICAID ELIGIBILITY SYSTEM

10/02/95  
13:39:55  
MT56701

MEDICALLY NEEDY INQUIRY

CASE #:                      PERS #:              APPL DATE:                      SCREEN OPT: 37  
OR NAME:                                      DOB:                      OR SSN:

\*\*\*\*\*

CASE #:

ELIGIBLE:

PERS #:              NAME:                                      DOB:                      SSN:                      SEX:  
MARTL STAT:              RACE:              ORIG EFF DATE:                      PR CASE/PERS#:                      /

CHNG DATE:                      SRCE:                      ELIG CHNG DATE:                      ELIG SRCE:  
TPL:                      LOCKIN:                      LTC CDE:

ELIGIBILITY SEGMENTS

APPL DATE:                      CHNG DATE:                      SRCE:

EFFECT	TERM	TYP	ADD	TRM	PGM	PREG DUE
DATE	DATE	CDE	CDE	CDE	STA	DATE

ENTER = PROCESS                      CLEAR = END                      PF1 = MAIN MENU  
PF2 = MED NEEDY MENU                      PF5 = SCROLL FORWARD

**SCREEN OPT 31**


CASE NUMBER							

PERSON NUMBER	1
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APPLICATION DATE			1	9	
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**ENTER**

☐ **ELIGIBLE:**

PERSON NUMBER		LAST NAME	FIRST NAME	MI	BIRTH DATE
		<div></div>	<div></div>	<div></div>	<div></div>
		SOCIAL SECURITY NO.	SEX	MS	RACE
		<div></div>	<div></div>	<div></div>	<div></div>
				PRIOR CASE NUMBER	PN
		<div></div>	<div></div>	<div></div>	<div></div>

☐ APPLICATION DATE:

### ELIGIBILITY SEGMENTS IN BUDGET PERIOD

[illegible]

**ALT** **⏮**

### ERROR MESSAGES:

PREPARED BY \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_

ENTERED BY \_\_\_\_\_ DATE \_\_\_\_\_